MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/069290**

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2	1					
3	1					
4		2				
5		3				
6		2				
7		2				
8		2				
9	1					
10	1					
11	1					
12		1				
13		2				
14		2				
15		1				
16		2				
17		1				
18	1					
19	1					
20	1					
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46						
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	25					
TOTAL CLAIMS	36					

CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS